LFC Agricultural Services, Inc. PO Box 3088 Immokalee, FL 34143 (239) 657-4421 (239) 657- 9764 fax

I have received a copy of the Form WH-516.

Yo recibi una copia de las forma WH-516.

Moi'n rece'voi yon copie de WH-516.

Syon the Form WH-516.

Date: 10 19 60 702

Signature: Certain Date: 10 19 08

Date l'a:

Signin:

Form W-4 (2005)

Purpose. Complete form W-4 so that your employer can withhold the correct federal income

employer can withhold the conoct federal income tax from your pay. Because your tax situation may change, you may want to religite your withholding each year. Exemption from withholding, 11 you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to wildate it. Your exemption for 2005 expires February 16, 2006, See Pub. 505, Tax Withholding and Estimated Tax.

and estimated (ax. Note; You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unaerned income (for example, interest, and dividents) and (b) another person can claim you as a dependent on their tax return.

Basic instructions, if you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding

cemer/jwo-job siluations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances:

ifead of household. Generally, you may claim head of household filing status on your tax return only if you are unmarked and pay more than 50% of the costs of keeping up a home for yourself and your dependently) or other qualifying individuats. See Ilins E below.

See line E below.

Tax areafles, You can take projected lax dreedles not caccount in figuring your allowable number of with-holding allowences. Credits for child or dependent care expenses and the child lax credit may be dainted using the Personal Allowances Worksheet below. See Pub. 919, How Do I Activat thy fax Withholding? for information on converting your other credits into withholding abowances.

Nonwage informed if you have a large amount of nonwage proome, such as inforest or dividends, consider making assignated tax payments using Form 1040-ES, Estimated Tax for individuals. Otherwise, you may one additional tax.

Two earnershwo jobs, if you have a working spouse or more than one job, figure the total number of allowances you are criticed to claim on at jobs using worksheets from only one Form W-4, Your withholding usually will be most accurate when all cliowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident allen, if you are a norresident allen, see the instructions for Form 8283 before completing this from W-4.

Check your withholding. After your Form W-4 takes sheet, use Pub, 918 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub, 919, especially if your exertings exceed \$125,000 (Single) or \$175,000 (Manuface) (Married).

Recent name change? If your name on line 1 differs from that shown on your total social socialy good, call 1-800-772-1213 to initiate a name change

miowances based on Herrized deductions, cartain credits, adjustments to income, or two-	you may owe additional tax.		Lect Lipitig" of 2004st 2008lets	A cana buoyn ba Abril ool
Per	sona) Aljowances Workshe	at (Keep for your record	i) (i)	14/102
A Enter "1" for yourself if no one else can o	daim you as a dependent		<i>L:M</i>	M. W. A.
You are single and have			7 b'	41 (M)
B Enter "1" If:	only one job, and your sp	ouse does not work;	>r {	
▼ Your wages from a seco	nd job or your spause's wa	iges (or the total of bot	1) are \$1,000 or less.	•
Enter "1" for your spouse. But, you may	choose to enter *-0-* if y	ou are manied and ha	ve either a working spo	OUS@ OF
more than one lob. (Entering "-0-" may he	lp you avold having too I	litle tax withheld.)		, . C
Enter number of dependents (other than	your spouse or yourself) y	on All cialm ou hone.	ax retum . , .	· · · 🖺 🚃
Enter "1" If you will file as head of house	hold on your tax return (s	ee conditions under h	ead of household abo	ve) . E
Enter "1" if you have at least \$1,500 of ch	illd or dependent care e	xpenses for which yo	plan to claim a credit	F
(Note, Do not include child support paym		and Dependent Care	Expenses, for details.)	
 Child Tax Credit (including additional chile) If your total income will be less than \$5 	o tax creditj; 4.000 (\$70.000 ti	ambay HOR fay a sale all	-!L1L11-	
 if your total income will be between \$54. 	4,000 (\$18,000); Hairied) 000 and \$84,000 (\$70 00)	, enter 2 10 reach ei Iand \$110,000 if more	gible Child. ed), exter "17 for each :	alialista
child plus "1" additional if you have four o	r more eligible children.			Ğ
 Add lines A through G and enter fotal hore, (Note 	. This may be different from the	e number of exemptions	you claim on your tax return	ı) ► H
For accuracy, • If you plan to itemize o	r claim adjustments to ir	ncome and want to rea	luce your withholding, s	ee the Deductions
complete all and Adjustments Works worksheets If you have more than on	meet on page 2,			
	manied see the Two-Earner	u anu your spouse con /Two-loh Worksheeto	i work and the combined i nana 2 to avoid having t	earnings from all jobs
If neither of the above !	situations applies, stop he	re and enter the numb	er from line H on line 5	of Form W-4 below.
	Form W-4 to your employ			
			- '	
ա W-4 Employe	e's Withholding	(Allowance C	ertificate	OMB No. 1545-0010
parament of the Tisnessy > Whether you are ent	ixed to claim a certain numb	er of allowances or exem	aj galblockûlw mort noltq	2005
	he IRS. Your employer may b	e tedrated to send a cob	· · · · · · · · · · · · · · · · · · ·	6000
Type or print your first name and middle initial GUZMAN, CLAUDIO TOVAR	Last name		2 Your sock	if security number
Home address (number and street or rural route)	<u> </u>	3 √ Sinole Mag	race Table 1	
901 AUTO RANCH ROAD		Note, il mando, but kesati se	fod Marrieo, put within Braind, or spouse is a nouresident	old at Nigher Single rate. Sing that the "Sirels" hav
CNAPIES, FL 33562		4 If your last name o	Hers from that shown on	Your social security
NAPLES, FL 33562		card, chack here. Y	ou must call 1-800-772-121	3 for a new card. 🏲 🗔
Total number of allowances you are claim	oing (from line H above or	trom the annicable v	orkeheet on page 2)	5 <i>6</i>
Additional amount, if any, you want with	held from each navebeck	nom are application r	organiser on page c)	8 \$
I claim exemption from withholding for 20	005, and I certify that I me	et both of the followin	a conditions for evernal	
 Last year I had a right to a refund of a 	il federal income tax with	held because I had no	tay liability and	
 This year I expect a refund of all feder 	al income tax withheld be	cause I expect to hav	e no tax liability.	
If you meet both conditions, write "Exem	ipt" here		_, > 7	
der ponetius of perjury. I doctare that I have examine nployee's eignature	d this certificate and to the bes	il of my knowledge and be	lief, il is true, conoct, and c	omplete.
AUD 35 BOL VALIO			<i></i>	
less you sign it.) > (white		Date ➤	5/2/2005	
Employer's name and address (Employer: Comple				denilication rember (EIN)
FC Ag Services, Inc.; 315 E. New Market R	'd; Immokalee, Fl. 34142	10/0		
r Privacy Act and Paperwork Reduction Act	Notice, see page 2.	AG WURKI	Ekoo	Form W-4 (2005)
		MAY 03 21		

. .

543050